

## INFORMATION REPORT INFORMATION REPORT

## CENTRAL INTELLIGENCE AGENCY

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COUNTRY	USSR (Latvian SSR)	REPORT	
SUBJECT	1. Locations of and Comments on Various Medical Installations in Riga 2. Comments on Pharmaceuticals in the Latvian SSR 3. Comments on Public Health Activities in Riga	DATE DISTR. NO. PAGES REQUIREMENT NO. REFERENCES	22 January 1958 1 RD [Redacted]
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SOURCE EVALUATIONS ARE DEFINITIVE. APPRAISAL OF CONTENT IS TENTATIVE.

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1. [Redacted] report describing in general medical facilities and conditions in and around Riga, Latvian SSR. [Redacted] 25X1
2. Specifically, the report touches on various hospitals and clinics in Riga, and some of their staff personnel; [Redacted] and general comments on pharmaceuticals, medicines, and public health and sanitation activities in Riga. [Redacted] 25X1

ENCLOSURE ATTACHED  
PLEASE ROUTE

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ARMY review completed.

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COUNTRY: USSR

DATE: 23 December 1957

SUBJECT: Miscellaneous Information on NO OF PAGES: 28  
General Aspects of the Medical  
Profession, Health Conditions,  
Civil Defense, and Medical and  
Surgical Research and Develop-  
ment in the Latvian SSR

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MISCELLANEOUS INFORMATION ON GENERAL ASPECTS OF THE MEDICAL PROFESSION,  
HEALTH CONDITIONS, CIVIL DEFENSE, AND MEDICAL AND SURGICAL RESEARCH  
AND DEVELOPMENT IN THE LATVIAN SSR

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statistical rates, tables, figures, and similar data concerning health and medicine in the Latvian SSR were compiled and kept by the Ministry of Health (Ministerstvo Zdravookhraniya) located on Ulitsa Skolas in RIGA (See item 1, Annex A for pinpoint location). These statistics were generally kept secret and not made known to ordinary physicians.

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not aware of any significant change in the number of hospital beds in Latvia in recent years. If any change in this respect had occurred, the number had probably decreased. the ratio of hospital beds with respect to the population was undoubtedly higher in Latvia than in the USSR as a whole, this was due to a continuation of the former considerably higher social and economic conditions which Latvia enjoyed over Russia prior to WW II. the ratio of doctors with respect to the population was also much higher in Latvia than in the USSR as a whole. She felt that this was not due to any increase in the number of doctors being graduated in Latvia, but rather to an influx of Russian doctors in Latvia where living conditions, however miserable, were still much better than in Russia. many Russian doctors, especially if they were resourceful or had influential friends, encountered much difficulty in moving about to more favorable locations. As an example of the 34 doctors who worked in the dermatology and venereal disease section of the 1st Riga Hospital (Pervaya Rzhskaya Bolnitsa) only four were Latvians and the rest were Russians.

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the medical school located on the campus of the State University in RIGA (see item 19, Annex A for pinpoint location), military training was given to students for four hours each week in the first and second years of the six-year course of medical studies. This training was conducted by seven or eight unidentified Soviet Army officers in uniform, and the subjects taught included: Marxism-Leninism, map reading,

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military tactics, marching, drilling, and weapons familiarization, including firing. [ ] until 1950, although this military training was compulsory, it was not pursued in a particularly vigorous manner. [ ]

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However, what was formerly the medical school, "the largest faculty" of the State University, became the Riga Medical Institute (Rizhskiy Meditsinskiy Institut) in 1950. It was moved into a new building at Bulvar Padomyu 12 (see item 2, Annex A for pinpoint location) and was thereafter independent of the University.

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[ ] the Institute included a somewhat expanded military-medical department [ ] referred to as "Voyenno-meditsinskaya Kafedra". The number of officer instructors was increased to an unknown number and the military training given to first and second year students was pursued more vigorously and was increased to include four hours weekly of field practice as well as the four hours weekly of classroom study previously given. Moreover, during the fifth year of their studies, students at the Medical Institute also attended lectures concerned with defense measures against chemical, biological, and atomic warfare. [ ]

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While at the Institute, students did not wear military uniforms. However, [ ] some male students spent the period from May to September of each year in uniform, field training with Soviet troop units.

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[ ] in 1953 an unknown number of male students, who were about to begin the fifth year of their medical studies, were involuntarily sent to the Military Medical Academy in LENINGRAD (Voyenno-Meditsinskaya Akademiya) in order to complete their medical studies and to prepare for careers as military doctors. Those students were extremely unhappy about this and it was the cause of much concern among the entire student body. [ ]

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[ ] after completing their education, nearly all doctors, nurses, and feldshers received a reserve military status upon accepting their first job. This applied to males and females alike [ ]

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[ ] Normally, doctors were appointed junior lieutenants in the reserve while nurses and feldshers had enlisted status. [ ]

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[redacted] the following hospitals were known [redacted] to the extent here indicated:

a. 1st Riga Hospital (1-aya Rizhskaya Bol'nitsa) was located on Red Army Street (Ulitsa Krasnoarmeyanskaya) (formerly in Latvian - Valdemars iela) in RIGA (see item 3, Annex A for pinpoint location of this hospital). This, as did most other hospitals, operated under the direction of the Ministry of Health (Ministerstvo Zdravookhraneniya), but it was also associated with the Medical Institute, in that many students from the Institute studied and trained in its clinics.

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[redacted] the hospital's capacity as approximately 1,000 beds. It was comprised of approximately eight smaller buildings surrounding one large central building, all of stone construction and approximately four stories high. The professional services included clinics or wards for: surgery, internal medicine, obstetrics, gynecology, urology, neurology, EENT, dermatology; there was no ward for infectious diseases. [redacted] the quality of the equipment, service, and cleanliness in this hospital to be "adequate, but leaving room for much improvement".

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[redacted] However, in the dermatology clinic [redacted] there were approximately 150 beds, 34 doctors, 12 nurses, and two feldshers (whose professional status was slightly above that of the nurses).

b. The 2d Riga Hospital (2-aya Rizhskaya Bol'nitsa, also known as the Gosuderstvennaya Klinicheskaya Bol'nitsa) was located at 13 Pilsonu Street (Ulitsa Pilsonu 13) in RIGA (see item 4, Annex A for pinpoint location of this hospital).

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[redacted] This was somewhat larger than the 1st Riga Hospital, containing possibly 1,500 beds. It was comprised of approximately 20 small buildings

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and one large central building, all of stone construction and approximately four stories high.

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a large new six-story building was under construction and was intended to house laboratories and classrooms of the Medical Institute. When completed it was to be the largest building at the hospital. but the progress of its construction had been very erratic

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the hospital was under the direction of the Ministry of Health.

presumably upon completion of the new building, it was to come completely under the direction of the Medical Institute.

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In addition to all of the professional services found in the 1st Riga Hospital, this hospital also had a tuberculosis clinic, a 60-bed ward for ringworm only, in the dermatology clinic, an infectious diseases isolation ward, and a laboratory for experimental research. the laboratory contained sections for microbiology, pathology, pharmacology, and hygiene, but claimed to know nothing of the research activities carried on.

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this hospital as being more modern than the 1st Riga Hospital, and judged the quality of its equipment, service and cleanliness to be somewhat higher. but still "leaving room for improvement".

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the doctors at this hospital to be professionally more capable than those at the 1st Riga Hospital (or at most other Riga hospitals) because of the relatively higher ratio of Latvian doctors here with respect to the Russian doctors.

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many Russian doctors received only abbreviated or incomplete training during WW II.

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the authority of many Russian doctors to be based more on political reliability than on professional competence. She stated that in any conflict of professional opinion, that of the best Communist always prevailed.

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c. The 3d Riga Hospital (3-aya Rizhskaya Bol'nitsa) was located on Ulitsa Ludzas in a section of RIGA (not shown on Annex), referred to in German as "Moscow Vorstadt" (Moscow District), where most of the Russian inhabitants resided.

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it was staffed mostly by Russians and was reputed to have generally poor standards.

d. There was also an unidentified military hospital, name unknown located near the 3d Riga Hospital on Ulitsa Ludzas (not shown on Annex).

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Lt Col ZHUKOV, (fnu), Medical Service, chief of the dermatology-venereology department and his assistant. a Capt BUKHMAN. (fnu). Medical Service.

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e. An unidentified military hospital was located on Hospitala iela (street) in RIGA near the Brasla railway station. (See item 5, Annex A for pinpoint location).

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f. The 4th Riga Hospital (4-aya Rizhskaya Bol'nitsa) formerly known as the Red Cross Hospital (Krasno-krestnaya Bol'nitsa) was located on Ulitsa Jana Asara in RIGA (see item 6, Annex A for pinpoint location).

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It operated under the direction of the Ministry of Health but formerly, prior to 1944, was under the direction of the Latvian Red Cross. This hospital was somewhat smaller than the 1st Riga Hospital, containing approximately 500 beds. It was comprised of one large modern central building and several smaller buildings, all of stone construction and approximately four stories high. the quality of equipment, service, and cleanliness at this hospital was regarded as being quite high.

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In addition to those professional services found in the 1st Riga Hospital, the 4th Riga Hospital included a nursing school, a feldsher school, and a section where orthopedic prosthetic devices were made (see item 7, Annex A for pinpoint location). two-year training courses for nurses and 3½ year training courses for feldshers were offered to small (unknown) numbers of students at the 1st, 2d, and 3d Riga Hospitals.

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such courses were better organized and available to larger groups of students at the 4th Riga Hospital. In the fall of 1955, the nurses' school at the 4th Riga Hospital and, to a more limited extent, the 1st and 2d Riga Hospitals, initiated six-month courses for "war nurses". Applicants for these courses were solicited by a very vigorous publicity program and large numbers (unknown) of young women applied for and completed the studies.

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the initiation of these courses or for the vigorous public recruiting program for applicants, which was conducted in every city in Latvia.

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this six-month "war nurse" course that the course included much military indoctrination, particularly with regard to defenses against chemical, biological, and atomic warfare.

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The principal attraction which the "war nurse" program held for applicants was that, in spite of the very meager medical training involved, graduates were eligible for jobs in hospitals, if available, as nurses' aids (in German - Hilfschwester) at a salary only slightly less than that for a fully qualified nurse.

g. There was an independent (not associated with any hospital) orthopedic clinic (Ortopedicheskaya Klinika Latviskoy SSR) located on Ulitsa Duntse in RIGA (see item 8, Annex A for pinpoint location).

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This operated under the direction of the Ministry of Health. [redacted]

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The clinic consisted of three or four stone buildings, approximately four stories high, and contained 200 to 300 beds. [redacted]

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[redacted] prior to 1944, the equipment and service at this clinic were reputed to have been excellent. However, the Russians stripped the clinic of all of its good equipment and sent it to Russia, replacing it with inferior equipment. [redacted] the quality of the service and cleanliness at this clinic was now considered to be quite ordinary. [redacted]

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h. A psychiatric clinic (Psikhiatricheskaya Klinika Latviskoy SSR) located on Ulitsa Aptekas in RIGA was operated by the Ministry of Health (see item 9, Annex A for pinpoint location). [redacted]

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The clinic treated only patients with serious mental illnesses and derangements and did not treat common nervous disorders. [redacted]

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i. The Riga Infectious Diseases Hospital (Rizhskaya Infektsionnaya Klinika) was operated by the Ministry of Health on Ulitsa Dzerzhenskaya in RIGA (not shown on Annex). [redacted]

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[redacted] This hospital treated internal and enteric diseases such as typhoid and dysentery almost exclusively. It contained approximately 200 beds in several stone buildings. [redacted]

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j. The Bone Tuberculosis Hospital (Gosudarstvennaya Kostno-tuberkuleznaya Klinika) was located on Ulitsa Altonovskaya in RIGA (see item 10, Annex A for pinpoint location). [redacted]

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[redacted] This hospital treated only patients with bone and skin tuberculosis and it included a sanatorium for recuperative patients. [redacted] the quality of the equipment, service, and cleanliness to be poor or "barely adequate". Only Russian doctors were employed at this hospital and it was considered to be a rather choice assignment for politically reliable doctors because of the relatively better food and easier working conditions which prevailed here. [redacted]

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k. A tuberculosis clinic (Rizhskaya Tuberkuleznaya Klinika) was located on Ulitsa Pervaya in RIGA (see item 11, Annex A for pinpoint location). [redacted]

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[redacted] It contained approximately 200 beds in three or four stone buildings. It included a surgery, laboratory, and a dispensary where tubercular out-patients were treated. [redacted] this was considered to be a good, well-run hospital [redacted] the quality of its equipment, service, and cleanliness as "very good". [redacted]

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[redacted] the Government and Railway Employees Polyclinic and Clinic (Zheleznodorozhnaya Poliklinika i Bol'nitsa) was located on Leninskaya Ulitsa (formerly Brivibas iela) in RIGA (see item 12, Annex A for pinpoint location). This was a four-story building with approximately 150-bed capacity. It was under the direction of some ministry other than the Ministry of Health (possibly Transport) and was for the exclusive use of government railway employees and public utilities employees. [redacted]

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[redacted] its professional services were similar to those available at the 1st Riga Hospital. [redacted]

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[redacted] the Special Polyclinic and Clinic (Spetsialnaya Klinika i Bol'nitsa) located on Ulitsa Veydenbauma (see item 13, Annex A for pinpoint location) in RIGA. It was housed in one very large four- or five-story stone building. [redacted]

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[redacted] it was operated by the Ministry of Health for the exclusive treatment of very important government officials or other highly placed personages. [redacted] no visitors could enter without special permission. [redacted] those persons who were entitled to use the facilities of this hospital were issued numbered identity cards. Cards numbered from 1 to 100 were for exceptionally important persons and indicated that they were to receive very special service and care. Holders of cards numbered above 100 received the regular excellent care which was said to be dispensed, but not with the luxury afforded the others. [redacted]

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[redacted] the doctors at this hospital were mostly Russian specialists and the equipment, techniques, and drugs employed were said to be equal to or better than anything found anywhere in the world. [redacted]

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[redacted] A maternity hospital [redacted] in German "Haus fur Geburtshilfe (or in Russian - Rizhskiy Rodil'niy Dom) was located on Ulitsa Mirnaya (formerly Miera iela) in RIGA (see item 14, Annex A for pinpoint location). This was housed in a five-story stone building and had approximately 200 beds for maternity patients only. [redacted]

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[redacted] the quality of equipment, service, and cleanliness to be just adequate and leaving room for much improvement and modernization. [redacted]

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[redacted] although the hospital was under the direction of the Ministry of Health, patients were charged an unknown fee. [redacted]

[redacted] A large dental clinic (Stomatologicheskaya Klinika) was located in a one-story building on Ulitsa Karla Marksa in RIGA (see item 15, Annex A for pinpoint location). This was for out-patient dental patients only. [redacted] approximately 50 beds for patients of this clinic were in a nearby five-story house on Ulitsa Veydenbauma. Dental students did much of their practicing at this clinic and patients were charged no fees. [redacted] the equipment to be modern and the service and cleanliness to be very good. [redacted]

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The services included surgery, orthodontia, extractions, reconstructions, and prosthetics.

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clinic. [redacted] most of the polyclinics in RIGA included the services of a dentist, but usually with very limited and old-style equipment.

p. The Riga Oncological Hospital (Rizhskiy Onkologicheskaya Bol'nitsa), operated by the Ministry of Health, was located on Ulitsa Gorkogo in RIGA (see item 16, Annex A for pinpoint location). This was housed in a three-story stone building. It was operated by the Ministry of Health only for the treatment of cancer and other malignancies; but not leukemia, which was treated by internists in other hospitals.

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[redacted] cancer was widespread throughout Latvia and was considered a serious problem.

q. A second cancer facility was the State Oncological Hospital (Gosudarstvennaya Onkologicheskaya Bol'nitsa) on Ulitsa Talsu in RIGA (see item 17, Annex A for pinpoint location).

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[redacted] it operated quite similarly to the other cancer hospital described above. However, this hospital, besides accepting patients from RIGA, accepted patients from the surrounding rural areas as well. [redacted] neither of the two cancer hospitals had facilities for student training. Medical students studied cancer and other malignant diseases at the 2d Riga Hospital.

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r. A very large children's hospital (Detskaya Klinika Latviskoy SSR) was located on Jelgavas Shosse (boulevard) in RIGA (see item 18, Annex A for pinpoint location).

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[redacted] somewhat larger than the 1st Riga Hospital, containing at least 1,000 beds but possibly many more. It was made up of many (number unknown) various-sized stone buildings approximately three or four stories high. Only children up to 15 years of age were admitted and there were sections for nearly all diseases and injuries affecting children. [redacted] the equipment to be old-fashioned but adequate, the service as good, and the cleanliness as adequate.

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[redacted] an "MVD Polyclinic and Hospital" said to be located in the vicinity of the Ministry of Health.

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[redacted] the VENTSPILS (N57-24, E21-34) (German - WINDAU) Skin and Venereal Disease Dispensary and Station (Ventspil'skiy Mezhdurayonniy Ven-dispanser i Shtatsionar). This served the harbor city of VENTSPILS (WINDAU) and the surrounding rayons of Ventspils, Alsunga, and Dundaga. It contained 15 beds and the personnel consisted of three doctors, two feldshers, 12 nurses, six cleaning women, and one cook. The equipment and sanitary conditions were very inadequate and primitive. There were no inside toilets. There was a common waiting room for both men and women. Female venereal patients had to pass through the kitchen in order to reach the treatment room. The food was very bad.

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[redacted] changes of any kind were almost impossible to effect because of the bureaucracy involved. Although there were many soldiers stationed in VENTSPILS, none were treated at this dispensary. Military patients were treated at an unidentified military hospital in the VENTSPILS area.

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[redacted] the military hospital probably contained approximately 200 beds.

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[redacted] there were many military restricted areas in and around VENTSPILS, particularly along the coastline. For example, public bathing was limited to a one-half kilometer wide stretch of beach. Travel to and from VENTSPILS was prohibited except with a special military issued pass.

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[redacted] similar military restrictions existed in the port city of LIYEPAYA (N56-32, E21-02) (German - LIBAU) but was unaware of the reasons therefore. [redacted] these restrictions in VENTSPILS and LIYEPAYA had existed since the end of WW II.

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u. In RIGA there were approximately 14 polyclinics, five tuberculosis dispensaries, and an unknown number of other dispensaries for venereal diseases, nervous disorders, and other ailments. The polyclinics and dispensaries had no beds and offered only out-patient type of service. They were staffed either by full-time or by part-time doctors. The established norm at these facilities was for a doctor to treat eight patients every hour. Since such a schedule was often impossible to maintain, many doctors falsified their reports in order to avoid the difficulty of explaining their deviations from the norm. [redacted] all doctors worked for the State and received the same amount of pay, regardless of what they did, or where or how they did it. Young doctors were assigned to rural areas for at least two years after graduating from a medical school. Many remained much longer because desirable positions in the cities were often difficult to obtain. Prior to November 1955, a doctor's pay for the first five years of his practice was 600 rubles per month. In November 1955, this was increased to 725 rubles per month. After five years of experience, a doctor's pay was increased to 850 rubles per month. No further increases in pay were possible unless the doctor became the chief physician or the director of some installation. Some doctors engaged in a clandestine type of private practice, but only those with a faithful and secretive clientele were successful at this. The usual fee for a private visit was 100 rubles. Should such private practices have become known to the Ministry of Finance,

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an enormous license fee could have been charged, probably in excess of the doctor's yearly earnings. [ ] the purchasing power of a doctor's income could be judged by the fact that a cheap man's suit cost 1,000 rubles and a shoddy pair of shoes cost 500 rubles. [ ] many unskilled laborers were able to earn a higher income than doctors.

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[ ] during the past five years, poliomyelitis has become quite widespread throughout Latvia, whereas it was previously considered to be scarce. [ ] no percentages or statistics concerning the incidence of the disease in Latvia. Although the public at times became alarmed over the apparent rapid spread of poliomyelitis, official news releases reported it to be of little danger or consequence. [ ] no special measures that had been taken to combat poliomyelitis. [ ] it was known among doctors in Latvia that a substance or vaccine to combat poliomyelitis had been developed in America but that little was known of the nature of the substance. [ ] never [ ] heard of SALK anti-poliomyelitis vaccine. 1. [ ] official reaction to talk of an American discovery seemed to be that it would be unwise to admit that America had something which the Soviets did not have.

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b. During 1955 and 1956, a serious outbreak of fungus skin infections was concentrated in a region of Latvia along the Russian border known as Abrene Zilupe. 2. [ ] this skin disease in Latin as "favus microsporia tricoftisia" (ringworm). The disease was most prominent among children but many adults were also affected. It was characterized by red blotches appearing on the skin, profusely falling hair, and fingernails becoming rough and dull. [ ] the disease was transmitted to humans from domestic animals and that it was highly infectious. Its spread among the inhabitants was greatly accelerated by primitive and unhygienic living conditions. [ ] the disease spread like wildfire until medical facilities could not cope with it and many hospitals became crowded with patients. Public measures taken to combat the spread of this disease were directed toward the improvement of public hygienic conditions, but these measures were largely ineffective. The disease was treated with X-ray, sulfa drugs, salicylic acid, or iodine preparations. [ ]

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c. In the fall and winter of 1953, there was an epidemic of dysentery in RIGA. Most of the hospitals in RIGA were filled with dysentery patients and many (numbers unknown) died. [ ] no knowledge of how it started or of what measures were taken to combat the epidemic, which lasted until spring 1954 when it appeared to die out.

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Tuberculosis was a major health problem in Latvia.

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b. Venereal diseases were prevalent in Latvia but were not considered a serious problem. They were more prevalent in the port cities than elsewhere. Gonorrhea and syphilis were quite common but other venereal manifestations were quite rare.

c. There were occasional outbreaks of typhoid, paratyphoid, and dysentery in Latvia. [redacted] rural water supplies were probably generally contaminated. Typhoid immunization was not mandatory for the general public.

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d. A leprosarium at TALSJ (N57-15, E22-36), Latvia, normally housed about 100 leprosy patients. [redacted] approximately three or four new leprosy cases appeared in Latvia each year, mostly from regions along the seacoast. Lepers were treated with sulfa drugs imported [redacted]

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e. Infectious hepatitis was known in Latvia and was considered very difficult to treat. [redacted]

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f. Heart and rheumatic diseases were considered a very serious problem in Latvia, as were also the various forms of common nervous disorders due to stress. [redacted] these ailments were aggravated by the generally poor living conditions which prevailed. Heart ailments were treated with cortisone and ACTH when these were available. However, these remedies were almost always extremely difficult to obtain.

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g. Alcoholism was a problem of much concern in Latvia, but public discussion of the problem was usually discouraged as being detrimental to the State. The psychiatric clinic in RIGA was mainly occupied with treating acute alcoholism and mental disorders induced by alcoholism.

h. Influenza was considered a common ailment in Latvia, [redacted]

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i. Cancer was a serious problem in Latvia.

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[redacted] the existence of sanitary-epidemiological stations in Latvia and that their function was to test and control the purity of water and food and other hygienic activities.

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"sotsial'nye inspektora" as offices which processed workers' applications for disability payments, health insurance payments, and pensions.

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experiments with the external application of a form of penicillin known as Furacilin. This had been publicized as an effective remedy for streptococcus and staphylococcus skin infections, but tests indicated that the Furacilin often cause a reaction or irritation more severe than the skin ailment being treated. Furacilin was prepared in salves, solutions, and suspensions in concentrations of from 1:500 to 1:5,000. the following other dermatological research studies were also being carried on at the Institute: studies of balneological therapy for skin diseases, and functional tests with histamine in various concentrations to determine degree of infection.

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Although the 8th semester began early in September of each year, students and instructors were required to spend the first month of the fall semester working at a collective farm (kolkhoz). Thus the actual school work began in October of each year. study groups were made up of Latvian students only, while another instructor directed study groups of Russian students. throughout their training, except during large general lectures and other such assemblies, the Latvian and Russian students were divided in smaller study groups.

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three such groups for two hours each every day. The curricula included: fundamentals of dermatology, signs and symptoms of skin disorders, classifications of skin diseases, diagnoses, and treatments. Whenever possible, live patients were studied and treated in these classes. This curricula also applied to the study of venereal diseases as well as other skin diseases.

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The curricula included a review of the previous semester's work and more practical therapeutic practice with live patients. Also, during this semester, several field trips were made to hospitals and institutions to observe the handling of skin diseases. Places visited included the Leprosarium at TALSY and the Bone Tuberculosis Hospital in RIGA.

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venereal diseases, though not uncommon, were not considered a major health problem in Latvia. The highest incidence of such diseases were to be found in harbor areas where, to a large degree, they were spread by sailors. Gonorrhea was the most common of these diseases, followed by syphilis. Other venereal manifestations such as lymphogranuloma and granuloma inguinale were considered rare and were very seldom seen. Ordinary cases of gonorrhea were treated with penicillin and sulfa drugs such as sulfanilamide and were often cleared up in two or three days. Chronic or complicated cases were sometimes given fever therapy, plus local applications of potassium permanganate. Injections of a gono-vaccine (0.25 cc) plus milk were given to induce fever. At the highest point in the fever (38 or 38.5 degrees Centigrade), injections of penicillin were administered. Dosages varied with individual cases. only fair results were achieved with these treatments. In too many cases venereal patients delayed seeking treatment for so long that the diseases became chronic and complicated and the treatments were lengthy and often ineffective. There was a public program designed to combat the spread of venereal diseases and all patients treated were always questioned concerning the source of the infection and possible other contacts. This information was recorded on forms provided by the Ministry of Health. Nurses were sent to visit those persons named as contacts and they were invited to undergo examinations. Persons found to be infected had to be treated. Persons found to be uninfected could elect to receive prophylactic treatment. Persons who were infected were forbidden by law from engaging in relations which might spread the disease.

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Although it was supposedly illegal and forbidden, no organized measures taken to suppress it. prior to 1944, prostitution, adultery and cohabitation were generally considered morally taboo and instances of such, when discovered, were viewed with shocked disapproval. However, since that time, morals in this respect have deteriorated and that cohabitation, adultery and other forms of sexual looseness were commonplace and often freely admitted with little fear of disapproval or punishment.

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in November 1956 there was a practice air-raid drill at the 1st Riga Hospital. Red Cross workers and nurses acted as simulated patients, and, together with other hospital personnel, were removed to air-raid cellars. Actual patients were not moved. other hospitals and installations may also have had such drills.

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[redacted]

[redacted] the air-raid alert at the 1st Riga Hospital was a result of the Hungarian uprising occurring at that time.<sup>3</sup> Sometime during the summer of 1956, stores and shops became stocked with emergency first-aid packets with instructions to be opened only in the event of an enemy attack. [redacted]

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[redacted] During the spring, summer, and fall of 1956, a registration of all doctors took place whereby they were classified in the following categories: Category I - physically fit; Category II - limited service; Category III - not fit for service. This was presumably done to aid mobilization in the event of an enemy attack. In connection with this registration, doctors were directed to attend a two-week full-time course of instruction in defense against atomic attack and air raid procedures. [redacted]

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[redacted]

[redacted] no measures being taken against poliomyelitis even though the disease appeared to be increasing and spreading in Latvia. Newspapers advised the public not to become alarmed over the spread of poliomyelitis because it was not a serious problem. [redacted]

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[redacted] during the dysentery epidemic in 1953 and 1954, [redacted] no measures taken to combat this disease. Individual cases were treated as they were discovered, but official policy seemed to be against any publicity which might have served only to alarm the public. [redacted] a new strain of influenza (possibly Asiatic) was recognized in Latvia in 1955, [redacted]

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[redacted]

[redacted] no research and development work concerned 25X1  
with poliomyelitis being done anywhere. [redacted] a subject of  
some discussion at the Medical Institute in RIGA had been concerned  
with the question of whether or not Russia should negotiate [redacted]  
[redacted] for poliomyelitis vaccine. [redacted]

[redacted]

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[redacted] some skin grafting was performed in  
some hospitals in RIGA. [redacted] corneal transplants being  
approximately 50 percent successful and of skin grafts from a pa-  
tient's own skin (autogenous) [redacted] 25X1  
[redacted] an unidentified  
institute in MOSCOW which was solely concerned with homoplasty [redacted] 25X1  
[redacted] a doctor, 25X1  
David ASHMAN, an ear, nose and throat specialist at the 2d Riga

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[REDACTED]  
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[REDACTED] 25X1

Hospital, who performed cosmetic plastic surgery as a sort of hobby and with apparently good success. [REDACTED]  
plastic surgery was very widely practiced in Latvia or in Russia.

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[REDACTED] 25X1

[REDACTED]  
[REDACTED] most blood transfusions in Latvia were made with stored blood rather than from live donors. In the 2d Riga Hospital there was a blood bank, where blood was taken from volunteer donors, preserved, and stored. [REDACTED]

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[REDACTED] sodium citrate might have been used as a preservative and that the blood was refrigerated in storage.

[REDACTED] 25X1

[REDACTED] currently stockpiled plasma volume expanders. [REDACTED] human blood [REDACTED]

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[REDACTED] 25X1

[REDACTED]

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[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED] some pharmaceutical research was carried on in  
universities and scientifics [REDACTED]

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[REDACTED]

[REDACTED] some such projects were probably assigned by the Ministry of  
Health, while others may have been undertaken through the initiative  
of persons or institutions who conducted the research.

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[REDACTED]

[REDACTED] pharmaceutical research probably included the  
development of new products as well as the improvement of current  
items.

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[REDACTED]

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[redacted] the Ministry of Health included a Pharmacy Administration which [redacted] exerted some control over pharmaceutical research and development.

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[redacted] bureau controls pharmaceutical research and

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[redacted] that the Ministry of Health included a Pharmacy Administration which she presumed exerted some control over pharmaceutical research and development.

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[redacted] only two plants in Latvia which produced medicines and pharmaceuticals. They were the Farmazan plant on Ulitza Karla Marksa (formerly Stabu iela) in RIGA (see item 20, Annex A for pinpoint location), and the Riga Penicillin Factory on the Moscow Highway (Moskovskoye Shosse) (not shown on Annex).

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[redacted] the Farmazan plant produced a wide variety of pharmaceuticals (specialties unknown), while the Riga Penicillin Factory produced only penicillin.

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[redacted] the penicillin produced in the Riga Penicillin Factory was generally of poor quality and that, when administered, it was effective for only three hours. Thus, any patient who required continuous medication with penicillin had to receive an injection every three hours. Doctors referred to this as "three-hour penicillin". However, since 1955, a limited amount of a higher grade penicillin has been produced which was effective for six to 12 hours. This was referred to as "depot penicillin". However, this was considerably more expensive than the ordinary penicillin and was always in short supply. [redacted] sometimes, influential Russian patients who reported for venereal treatments would bring their own [redacted] produced penicillin, obtained on the black market. [redacted]

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[redacted] there were a large number of unfavorable and serious reactions to glucose injections. In some cases, the patients developed shock or fell into a coma. This was attributed to a bad lot of glucose which had been distributed by Farmazan. [redacted]

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[redacted] all glucose had been removed from all supply channels at that time and that no glucose at all could be obtained for approximately one month. [redacted] in 1948, many patients had become very ill with nausea and general malaise after receiving injections of a Farmazan product called Novarsenol, for syphilis. Since units of the Novarsenol were dated at the plant, it was thought that the illnesses were caused by using outdated lots of the product.

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[redacted] the Pharmacy Administration (German - Apotheke Verwaltung) of the Ministry of Health controlled the distribution of pharmaceutical supplies to hospitals and pharmacies.

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[redacted] the armed forces undoubtedly had better and greater supplies of pharmaceuticals than were available to civilians, and that the military probably received some of their supplies through military channels from MOSCOW. Individual doctors, in general, were allocated no supplies of drugs or pharmaceuticals since almost no private practice was authorized. A doctor who needed drugs for himself had to buy them at a pharmacy like anyone else. The Pharmacy Administration of the Ministry of Health controlled the distribution of pharmaceuticals to hospitals and retail pharmacies. These sent their requests for supplies to the Pharmacy Administration for processing, after which the supplies were sent directly to the requesting agency from the manufacturing plant. The Administration could either approve or disapprove the requests for supplies or change the amounts requested. Amounts of supplies requested were almost always reduced by the Administration, except for those in abundant supply.

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[redacted]

[redacted] pharmaceutical supplies to hospitals were allocated on the basis of the number of beds in the hospital. [redacted]

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[redacted] Most hospitals operated a very small pharmacy stand where prescriptions could be filled and common remedies could be bought. In general, regular retail pharmacies were better stocked than the pharmacy stands in the hospitals. However, it was not uncommon for prescriptions to go unfilled because the necessary drugs were unavailable. [redacted]

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[redacted] the following pharmaceutical items as being currently in short supply: vitamins B1, B12, and injectible vitamin C; cortisone, ACTH, and digitoxin for heart ailments; good quality penicillin and streptomycin, as well as all other good anti-biotics; paraminosalicylic acid and phthivazid for the treatment of tuberculosis; sulfa drugs; morphine compounds and bromides for relief of pain; campalon for pernicious anemia; all other "important drugs." [redacted] these shortages have always existed. Although the shortages of the "important drugs" have been sorely felt by the medical profession in Latvia, [redacted] "in Russia nothing is critical". [redacted] no measures being taken to alleviate the shortages. [redacted] the reasons for the shortages, other than, perhaps, too little money being made available for their manufacture.

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[REDACTED]  
[REDACTED] a licensed prescription pharmacist had to be a graduate of a regular four-year pharmacy course at a medical institute or university. [REDACTED]

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[REDACTED] A graduate was required to work as an apprentice (German - "praktikant") for an unknown period before he could take the State examination for a pharmacist's license.

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[REDACTED]  
[REDACTED] there was a shortage, in both Latvia and Russia, of competent pharmacists in all areas of the pharmacy profession and industry. [REDACTED]

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[REDACTED]  
[REDACTED] the social status of graduate pharmacists was approximately the same as for other professions which required a university diploma. Their earning power was approximately the same, though possibly slightly less than for doctors. [REDACTED]

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[REDACTED]

[REDACTED] news releases about pharmaceutical developments appeared at irregular intervals in public and professional publications. [REDACTED] Meditzinsky Rabotnik, a weekly medical newspaper, and Sovetskaya Meditsina, a monthly medical magazine, as those most frequently carrying such articles. 5. Articles usually cited the worker responsible for the development, the nature of his work, and the public benefit to be gained. However, they were usually very vague concerning technical aspects of the discovery or manufacturing processes. 25X1

[REDACTED]

[REDACTED] American literature was available only at the "Fundamental" library at the Academy of Science, but access to this could be had only through special, and infrequently granted permission.

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[REDACTED]

[REDACTED] there were many pharmacological reference books and some professional publications, [REDACTED]

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[redacted] pharmaceutical black market activity as still common and widespread, but having declined somewhat since the period immediately following WW II. Many retail pharmacies sold scarce items only to selected customers at exorbitant prices. [redacted] all items of Latvian and Russian manufacture listed in paragraph 3h(3)h above as being in short supply could be obtained on the black market. Moreover, many items of Western or American manufacture which were never available in regular channels could also be obtained on the black market. Some such items were brought in by sailors or by persons who received packages from the West. Such foreign items usually brought extremely high prices. A vial containing 500,000 units of American penicillin could cost 1,000 rubles. Other black market items were priced proportionately high. [redacted] only high Russian officers or public officials were able to afford such items. The quality of items purchased on the black market was usually as represented or known, but occasionally some items of dubious or spurious quality were sold. Black market drugs and pharmaceuticals were purchased by persons who needed them and could afford to pay the price, and by some doctors who could not obtain sorely needed items through normal channels.

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[redacted] in the past few years, patent medicine type remedies seemed to be available in increasing amounts and varieties.

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The commonest types of products available were pain relievers (aspirin and phenacitin), antirheumatics, cathartics, and the ordinary varieties of vitamins [redacted]

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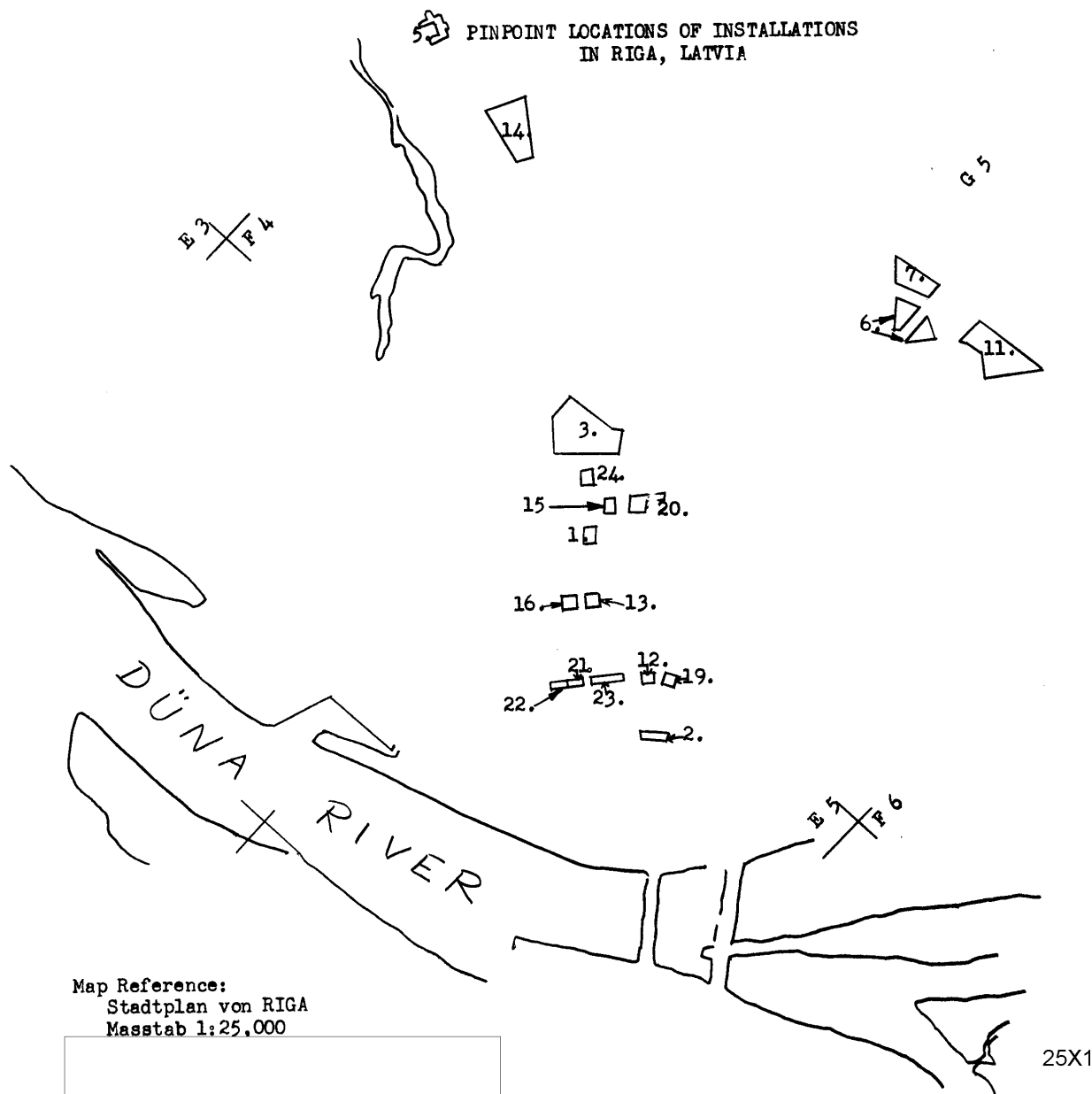
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Annex A

PINPOINT LOCATIONS OF INSTALLATIONS  
IN RIGA, LATVIA

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Legend to Annex A

1. Ministry of Health
2. Medical Institute
3. 1st Riga Hospital
4. 2d Riga Hospital
5. Unidentified Military Hospital
6. 4th Riga Hospital
7. Orthopedic Prosthetics Shop - 4th Riga Hospital
8. Orthopedic Clinic
9. Psychiatric Clinic
10. Bone Tuberculosis Hospital
11. Tuberculosis Clinic
12. Government and Railway Employees Polyclinic and Clinic
13. Special Polyclinic and Clinic
14. Maternity Hospital
15. Dental Clinic
16. Riga Oncological Hospital
17. State Oncological Hospital
18. Children's Hospital
19. Riga State University
20. Farmazan Pharmaceutical Plant
21. Ministry of Internal Affairs (MVD)
22. Visas and Registration Office (Otdel Viz i Registratsiya pri Upravleniye Militsiya Latviskoy SSR)
23. Procurator's Office of RIGA (Prokuratura Rigi)
24. MVD Headquarters

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